

*Arizona State Board for Private Postsecondary Education*

1400 W. WASHINGTON, ROOM 260  
PHOENIX, ARIZONA 85007  
(602) 542-5709

**STUDENT RECORD REQUEST FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Correct Name of Closed School: \_\_\_\_\_

Name (printed legibly) that Student used while attending the closed school:

\_\_\_\_\_

Student's social security number: \_\_\_\_\_

Student's current address and telephone number:

\_\_\_\_\_

\_\_\_\_\_

Specific Information Wanted from Student File:

\_\_\_\_\_

\_\_\_\_\_

Name and Address of Party to Whom this Information is to be sent:

\_\_\_\_\_

\_\_\_\_\_

Student's signature (this authorizes the release of confidential information.)

\_\_\_\_\_

If request is being made by a party other than the student, submit a copy of the student release form authorizing the party to obtain the requested information.

Complete this form and return it with a \$10.00 money order made out to Private Postsecondary Education to the address above.

\* If you have requested Transcripts from our office before please indicate how long ago, as we may still have your records in our office:

Please be advised that the average processing time is three to six weeks and the State Board cannot guarantee that a student record can be found for every student.